

BOROUGH OF DUNHEVED OTHERWISE LAUNCESTON.

A N N U A L R E P O R T

of the

MEDICAL OFFICER OF HEALTH

for the year

1 9 4 8.

Health Area Office,
Castle Green,
LAUNCESTON.

L. RICH, M.B., Ch.B., D.F.H.
M.R.C.O.G.

Medical Officer of Health.



To The Mayor, Aldermen and Councillors of the Borough of
Dunheved otherwise Launceston.

Mr. Mayor, Aldermen and Councillors,

In accordance with the Ministry of Health's circular 3/49 of the 17th January, I have the honour to present the Annual Report of the Health and Sanitary Conditions of the Borough for the year 1948.

I assumed my duties as your full time Medical Officer of Health on the 1st. August, 1948 from your previous Medical Officer, Dr. Galbraith, who was also a General Practitioner.

It has been possible with the staff at my disposal, to keep accurate records of all Public Health and Sanitary matters in your District. Prior to taking over, no such staff existed and it is hoped that in the future, full and accurate reports will be made available to the Council.

The vital statistics of the District can be regarded as satisfactory. The Sanitary Circumstances have not altered during the past year. At the time of writing this review, housing is the main problem confronting the Council. Many houses exist in this Borough which are only fit for condemnation, the slowness in erecting new houses is the main factor holding up the re-housing programme.

I wish to thank your Surveyor and Sanitary Inspector for the unfailing assistance given to me on taking up my appointment and for their help during the course of my duties without which it would be impossible to carry out all the work involved.

I am, Ladies and Gentlemen,
Your obedient Servant,

A handwritten signature in dark ink, appearing to read 'J. Rich', written in a cursive style.

Medical Officer of Health.

September, 1949.



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SECTION A.

Social Conditions of Area and Statistics.

Summary of Vital Statistics.

Area in acres	2,182.
Population	4,515.
No. of separate dwellings occupied in 1948	1,398.
Rateable Value in 1948	£29,561.
Product of ld. rate	£159.16.2.

Live Births	Total.	Male.	Female.
Legitimate.	62	28	34
Illegitimate.	5	4	1
Birth rate per 1,000 of population	14.83		

Stillbirths.	Total.	Male.	Female.
Legitimate.	3	1	2
Illegitimate.	-	-	-

Deaths of infants under 1 year.

Legitimate	1	1	-
Illegitimate	-	-	-

Infant mortality rate 14.92

Deaths of all causes	68	31	37
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Death rate per 1,000 of population 15.06

The registered causes of deaths were :-

No.	Causes of death.	Males.	Females.	Total.
1.	Typhoid and Paratyphoid fevers	-	-	-
2.	Cerebro-spinal fever	-	-	-
3.	Scarlet fever	-	-	-
4.	Whooping cough	-	-	-
5.	Diphtheria	-	-	-
6.	Tuberculosis - respiratory	-	-	-
7.	Tuberculosis - other forms	-	-	-
8.	Syphilitic diseases	1	-	1
9.	Influenza	-	-	-
10.	Measles	-	-	-
11.	Acute Poliomyelitis: Polio.Ence- phalitis	-	-	-
12.	Acute Infectious Encephalitis	-	-	-
13.	Cancer of Buccal Cavity & Oesophagous	3	1	4
14.	Cancer of Stomach and Duodenum	2	2	4
15.	Cancer of Breast	-	-	-
16.	Cancer of all other sites	6	3	9
17.	Diabetes	-	2	2
18.	Intra Cranial Vascular Lesions	3	4	7
19.	Heart Disease	7	14	21
20.	Other Diseases of circulation	-	1	1
21.	Bronchitis	-	-	-
22.	Pneumonia	1	1	2
23.	Other respiratory diseases	-	-	-
24.	Ulcer of stomach or duodenum	-	-	-
25.	Diarrhoea (under 2 years)	-	-	-
26.	Appendicitis	-	-	-
27.	Other digestive disorders	1	-	-
28.	Nephritis	-	-	-
29.	Puerperal and post abortive sepsis	-	-	-
30.	Other maternal causes	-	-	-
31.	Premature birth	-	-	-
32.	Congenital malformation : Birth injury: infantile disorders	1	-	1
33.	Suicide	4	-	4
34.	Road traffic accidents	-	-	-
35.	Other violent causes	-	3	3
36.	All other causes	2	6	8

SECTION B.

General Provision of Health Services.

a. LABORATORY FACILITIES.

The National Health Service Act provides a Public Health Laboratory Service to cover Cornwall. This is a marked step forward, as previously the cost of sampling and swabbing had fallen heavily on Local Authorities where in rural areas a considerable amount of sampling was involved. Laboratories have now been established in Truro and Exeter and all swabs and samples are sent to one or other of these Laboratories, whichever is more convenient.

Bacteriological analyses of milk, water and ice-cream are undertaken free of charge.

b. HOSPITAL AND CLINIC FACILITIES.

The majority of hospital cases are referred to Plymouth and Exeter. Infectious Diseases cases requiring isolation in hospital, are admitted to Swilley Hospital in Plymouth. Specialist Clinics are being established in Launceston to obviate the need for patients undertaking the long journey to Plymouth and Exeter. It is hoped in the near future to have every type of Clinic available in Launceston. The following Clinics are at present available :-

- Ear, Nose and Throat.
- Chest.
- Medical.
- Cancer follow up.
- Dermatological.
- Ante-natal.
- Minor ailments.
- Orthopaedic.
- Infant Welfare.

c. AMBULANCE FACILITIES.

The County Council, in accordance with the provision of the National Health Service Act, 1948, are now responsible for the administration of the Ambulance Service.

Agreement has been reached with the St. John Ambulance Service, and a scheme evolved whereby the County Council is responsible for a proportion of the Ambulance Service and the St. John for the remainder. The County Council has acquired a certain number of ambulances formerly the property of the St. John and has provided fulltime drivers. The County Ambulances and their drivers are operating the Service during the hours of 7.0 a.m. and 7.0 p.m. in their Main Centres.

Apart from the initial difficulty inherent in any new scheme, the Service is working well, having regard to the very much increased number of calls on it since the inception of the new Act.

d. HOSPITAL CAR SERVICE.

Where a District is situated far from the main Hospital Centres, it is essential to provide a Hospital Car Service to enable patients to attend Hospital for consultation and treatment. Although a Hospital Car Service existed before the advent of the National Health Service Act, this Service increased considerably. A panel of voluntary car drivers has been established to carry out this Service and they are paid a mileage rate by the County Council.

SECTION C.

Sanitary Circumstances of the Borough.

DRAINAGE AND SEWERAGE.

Reports on the effluent from the Sewage Works into the River Tamar are consistently bad. The Council, however, has under consideration a Scheme for re-construction of the existing Sewage Works.

WATER SUPPLY.

Six samples of water were taken during the year, for bacteriological examination, and all these proved to be satisfactory. It would appear, however, under certain circumstances, that the Filter Works are not efficient. With the peculiar pattern installed, at times of flood roar water can find its way to supply.

ROUTINE INSPECTIONS.

- a. Abattoir. 341 visits to the Abattoir during the year.

Animals slaughtered:-

Cattle	1788
Sheep	6956
Calves	2315
Pigs	259

Animals condemned:-

Cattle	120
Sheep	128
Calves	15
Pigs	5

plus approx. 20,000 lbs. of offal and trimmings.

- b. Food Shops. 65 visits were made to food shops and action was taken in 8 instances.
- c. Cafes and Hotels. 40 visits were paid to cafes and hotels during the year and advice given.
- d. Dairies and cowsheds. 42 visits were made to the dairies and cowsheds within the Borough and in 5 cases action was taken to remedy defects.

SECTION D.

HOUSING SURVEY.

During 1948, 14 houses were completed and a further 8 were under construction in the Council Programme. In private building, 2 houses were completed and a further 5 houses under construction.

INSPECTION OF HOUSES.

71 visits were made to houses under the Public Health Act, and action taken in 10 cases.

There are certain parts of this Borough where the housing conditions are little short of appalling, and when the time is opportune, the Council will have to give urgent consideration to Slum Clearance Schemes.

SECTION E.

Prevalence and Control of Infectious and Other Diseases.

During the year 1948, notification of the following diseases were received:-

- 6 Diphtheria.
- 2 Scarlet fever
- 2 Erysipelas.
- 6 Pneumonia.
- 1 Malaria
- 1 Measles
- 20 Whooping cough.

There was no serious epidemic and on the whole, the prevalence of infectious diseases in the Borough is small. However the appearance of 6 cases of Diphtheria is disquieting. It is in our power to stamp out Diphtheria finally and completely from this Country if immunisation is adequately carried out. There are numbers of parents who, for no apparent reason, refuse to allow their children to be immunised against Diphtheria.

TUBERCULOSIS.

All new cases of Tuberculosis, either respiratory or non-respiratory are reported to the County Medical Officer of Health. Institutional care, where considered necessary, is arranged by the County T.B. Officer in the various Sanatoria at his disposal. The living conditions etc., of persons subsequently discharged from these sanatoria are investigated by this Authority. If necessary, additional nourishment is provided in order to maintain their resistance to the disease.

During the year, there was one new case of respiratory Tuberculosis and one new case of non-respiratory Tuberculosis.

DIPHTHERIA IMMUNISATION AND VACCINATION.

With the new Health Service Act, the General Practitioners were asked to co-operate in a Scheme of Immunisation and Vaccination and nearly all General Practitioners joined. It was generally understood that an additional payment would be made to the Practitioners for this Service, but to date, no agreement has been reached. The result is that your Medical Officer of Health no longer receives very many cards of cases done by General Practitioners. Although there is no doubt that General Practitioners are still carrying out Prophylactic Services, it is not possible now to collect adequate records.

During the year, the number of Diphtheria immunisations was 42 and Vaccinations 15.

